

APPENDIX 1
PROJECT/FACILITY SAFETY REVIEW QUESTIONNAIRE

Project Name: _____

Sponsoring Agency: _____

PI or Project Leader: _____

BG or Project No. _____

1 Which best describes this project/facility (number in sequence if more than one applies)?

- ☐ computation or theory ☐ hardware design, fabrication, or testing
☐ experimental work at LBL ☐ off-site work (where?) _____

2 Staffing (FTE): Div. Staff _____ GSRA's _____ Other LBL (matrixed) _____
Guests _____

3 What building(s) and room(s) does this project/facility occupy? _____

4 Does this project/facility need/have Activity Hazard Document? ? y ☐ yes ☐ no ☐ don't know

Radiological Work Authorization? ☐ yes ☐ no ☐ don't know

Sealed Source Authorizations? ? ☐ yes ☐ no ☐ don't know

5 Does this project currently have other Safety Documents, or Environmental Permits?

- ☐ yes ☐ no ☐ don't know

6 Which of the following hazards apply to this project? (check all that apply):

- ☐ Compressed gas
☐ Chemical hazards (e.g. toxic, carcinogenic, caustic, explosive)
☐ Electrical (including stored energy)
☐ Fire (flammability) hazards
☐ Radiation hazards (sealed sources, isotopes, X-ray sources, work at accelerators)
☐ High voltage or High current (add description) _____
☐ High pressure gas or fluid (? 150 psi gas, ? 1500 psi liquid)
☐ Laser (class 3 or 4)
☐ High or low temperatures (e.g. heated device or cryogenic fluid)
☐ Heavy objects (requiring crane or other moving equipment)
☐ High power RF fields (add field strength) _____
☐ Possible oxygen deficiency or confined space
☐ Bio-hazards (BSL 2, 3, or 4)
☐ Possible Environmental Impacts
☐ Ergonomics (e.g. VDT's, extensive keyboard use, back injury hazards)
☐ Personal Protection Equipment (e.g. ear protectors, respirators, gloves)
☐ Work from heights

7 Give a short listing of safety measures taken to reduce the risks associated with the hazards indicated in #6 above (e.g. interlocks, gas detectors, safety reviews, training, etc.).

8 Name of designated safety contact person for the project/facility? _____

9 Will this project generate hazardous waste? ☐ yes ☐ no

10 If hazardous waste will be generated, provide the following information:

Type of waste: _____ Annual Amount: _____

Location of SAA (Building & Room): _____

Signature of Project Leader: _____ Date: _____

Division Safety Coordinator: _____ Date: _____

Referred/Reviewed by EH&S Professionals _____ Date: _____
(as applicable)